

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

Friends of Mark Sickles

ADDRESS (number and street)

PO Box 4463

Check if different  
than previously  
reported. (ACC)

Alexandria

VA

22303

2. **FEC IDENTIFICATION NUMBER** ▼

C

C00555896

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

VA

08

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the  
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the  
State of

5. Covering Period

M M / D D / Y Y Y Y  
01 / 01 / 2014

through

M M / D D / Y Y Y Y  
03 / 31 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Charles R Chambers Jr

Signature of Treasurer

Charles R Chambers Jr

[Electronically Filed]

Date

M M / D D / Y Y Y Y  
04 / 14 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 40

Write or Type Committee Name

**Friends of Mark Sickles**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	63686.99	63686.99
(b) Total Contribution Refunds (from Line 20(d)) .....	4875.00	4875.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	58811.99	58811.99
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	43451.87	43451.87
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	43451.87	43451.87
8. Cash on Hand at Close of Reporting Period (from Line 27).....	15360.12	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3 (Revised 12/2003)

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Write or Type Committee Name

Friends of Mark Sickles

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	4

**I. RECEIPTS**
**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date
**11. CONTRIBUTIONS (other than loans) FROM:****(a) Individuals/Persons Other Than Political Committees**

(i) Itemized (use Schedule A).....

51975.00

51975.00

(ii) Unitemized.....

8111.99

8111.99

(iii) TOTAL of contributions from individuals ▶

60086.99

60086.99

**(b) Political Party Committees.....**

0.00

0.00

**(c) Other Political Committees (such as PACs).....**

1100.00

1100.00

**(d) The Candidate.....**

2500.00

2500.00

**(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..**

63686.99

63686.99

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....**

0.00

0.00

**13. LOANS:****(a) Made or Guaranteed by the Candidate.....**

0.00

0.00

**(b) All Other Loans.....**

0.00

0.00

**(c) TOTAL LOANS (add Lines 13(a) and (b)).....**

0.00

0.00

**14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....**

0.00

0.00

**15. OTHER RECEIPTS (Dividends, Interest, etc.) .....**

0.00

0.00

**16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶**

63686.99

63686.99

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 40

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	43451.87	43451.87
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	4375.00	4375.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	500.00	500.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	4875.00	4875.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	48326.87	48326.87

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	63686.99
25. SUBTOTAL (add Line 23 and Line 24).....	63686.99
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	48326.87
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	15360.12

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 5 OF 40

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Friends of Mark Sickles**

Full Name (Last, First, Middle Initial)

**A. Mustafa Akpinar**

Mailing Address 2964 Paddock Wood Ct

City

Oakton

State

VA

Zip Code

22124-2540

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pinnacle education services

Occupation  
education

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
02		05		2014

Transaction ID : VNJ19C68112

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**B. Kelly J Albers**

Mailing Address 1135 Quick Rabbit Loop

City

Charleston

State

SC

Zip Code

29414-9103

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Marinex Construction

Occupation  
Controller

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
02		28		2014

Transaction ID : VNJ19CDBP21

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

**C. Harun Arasli**

Mailing Address 5112 Donovan Dr

City

Alexandria

State

VA

Zip Code

22304-7794

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Arasli Group

Occupation  
owner

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
02		03		2014

Transaction ID : VNJ19CCSDD7

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4350.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 6 OF 40

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Friends of Mark Sickles**

Full Name (Last, First, Middle Initial)

**Cihan Baysal**

Mailing Address 3021 Regents Tower St  
 Apt 342

City	State	Zip Code
Fairfax	VA	22031-1277

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Baysal Equipment

Occupation  
 Principal

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
02		03		2014

Transaction ID : VNJ19CDBG8

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**Michael Bennett**

Mailing Address 308 S Columbus St

City	State	Zip Code
Alexandria	VA	22314-3604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Ourisman Automotive of Virginia

Occupation  
 CFO Partner

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
02		01		2014

Transaction ID : VNJ19C68373

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

**David Boling**

Mailing Address 2129 N Pollard St

City	State	Zip Code
Arlington	VA	22207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Mansfield Foundation

Occupation  
 Deputy Executive Director

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
02		10		2014

Transaction ID : VNJ19C9H9R8

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

4100.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 7 OF 40

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Friends of Mark Sickles**

Full Name (Last, First, Middle Initial)

**Peter Bowe**

Mailing Address 653 Ponte Villas S

City

Baltimore

State

MD

Zip Code

21230-3950

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ellicott Dredges LLCOccupation  
business

Receipt For: 2014

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
02		03		2014

Transaction ID : VNJ19C680Z7

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**Randall Bowman**

Mailing Address 5813 Saratoga St

City

Alexandria

State

VA

Zip Code

22310-1843

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
US Department of EducationOccupation  
federal employee

Receipt For: 2014

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
01		28		2014

Transaction ID : VNJ19CCSH20

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**Randall Bowman**

Mailing Address 5813 Saratoga St

City

Alexandria

State

VA

Zip Code

22310-1843

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
US Department of EducationOccupation  
federal employee

Receipt For: 2014

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		12		2014

Transaction ID : VNJ19CDBFN6

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional).....

600.00

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Friends of Mark Sickles**

Full Name (Last, First, Middle Initial)

**Grady T. Bryant**

Mailing Address 3614 W Horatio St

City

Tampa

State

FL

Zip Code

33609-3916

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GAHAGAN &amp; BRYANT ASSOC

Occupation

engineer

Receipt For: 2014

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		10		2014

Transaction ID : VNJ19CCSD96

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**Edward Buckley**

Mailing Address 1801 Cloverlawn Ct

City

McLean

State

VA

Zip Code

22101-4299

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Shire

Occupation

Public Affairs

Receipt For: 2014

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		03		2014

Transaction ID : VNJ19C68138

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**Charles Chambers**Mailing Address 2500 N Van Dorn St  
Ph 28

City

Alexandria

State

VA

Zip Code

22302-1626

FEC ID number of contributing  
federal political committee.

C

Name of Employer

National Safe Skies Alliance

Occupation

Non-profit Executive

Receipt For: 2014

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2014

Transaction ID : VNJ19C9HAE1

Amount of Each Receipt this Period

2600.00

SUBTOTAL of Receipts This Page (optional).....

3850.00

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 9 OF 40

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Friends of Mark Sickles**

**A.** Full Name (Last, First, Middle Initial)  
**Christian & Barton, L.L.P.**

Mailing Address 909 E Main St  
Ste 1200

City Richmond State VA Zip Code 23219-3013

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt

M M	D D	Y Y Y Y
02	21	2014

Transaction ID : VNJ19CDEAV7

Amount of Each Receipt this Period

1000.00

LLC - Members below if itemized. Permissible funds.

**B.** Full Name (Last, First, Middle Initial)  
**Benjamin Cottrell**

Mailing Address 1531 Blanford Cir

City Norfolk State VA Zip Code 23505-1705

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Cottrell Contracting Self-Employed

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt

M M	D D	Y Y Y Y
02	27	2014

Transaction ID : VNJ19CB3K47

Amount of Each Receipt this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Greg M. Culbertson**

Mailing Address 605 Bashford Ln  
Apt 2

City Alexandria State VA Zip Code 22314-1145

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Real Estate Consultant Self-Employed

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt

M M	D D	Y Y Y Y
01	31	2014

Transaction ID : VNJ19C682Z0

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

2250.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 10 OF 40

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Friends of Mark Sickles**

Full Name (Last, First, Middle Initial)

**Greg M. Culbertson**

Mailing Address 605 Bashford Ln  
 Apt 2

City	State	Zip Code
Alexandria	VA	22314-1145

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Real Estate Consultant

Occupation  
 Self-Employed

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		13		2014

Transaction ID : VNJ19C9HA27

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**Greg M. Culbertson**

Mailing Address 605 Bashford Ln  
 Apt 2

City	State	Zip Code
Alexandria	VA	22314-1145

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Real Estate Consultant

Occupation  
 Self-Employed

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		13		2014

Transaction ID : VNJ19CDDMJ9

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**Susan L Dawson**

Mailing Address 1214 Key Dr  
 # OH370-2449

City	State	Zip Code
Alexandria	VA	22302-3408

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Self Employed

Occupation  
 Social Worker

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		03		2014

Transaction ID : VNJ19CCSC85

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

600.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 11 OF 40

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Friends of Mark Sickles**

Full Name (Last, First, Middle Initial)

**Jeff Dion**

Mailing Address 11954 Holly View Dr

City

Lake Ridge

State

VA

Zip Code

22192-1040

FEC ID number of contributing  
federal political committee.

C

Name of Employer

National Center for Victims of Crime

Occupation

Attorney

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		01		2014

Transaction ID : VNJ19CDBNX2

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**Sally S Donner**Mailing Address 736 5th St NE  
Apt B

City

Washington

State

DC

Zip Code

20002-3587

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Olsson, Frank &amp; Weeda Law

Occupation

policy advisor

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		09		2014

Transaction ID : VNJ19CCSJ20

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**William Edington**

Mailing Address 1202 Essex Manor Ct

City

Alexandria

State

VA

Zip Code

22308-1000

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Edington, Peel &amp; Associates, Inc.

Occupation

Consultant

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		31		2014

Transaction ID : VNJ19C682F6

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Friends of Mark Sickles**

Full Name (Last, First, Middle Initial)

**Rod Emmons**

Mailing Address 1101 Marseille Ln

City

Woodbridge

State

VA

Zip Code

22191-3245

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Karen Radley Volkswagen/Acura

Occupation

General Manager

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		03		2014

Transaction ID : VNJ19CDB4P0

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

**Rod Emmons**

Mailing Address 1101 Marseille Ln

City

Woodbridge

State

VA

Zip Code

22191-3245

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Karen Radley Volkswagen/Acura

Occupation

General Manager

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		03		2014

Transaction ID : VNJ19CDB541

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

**Carson Evans**

Mailing Address 6209 Edison Dr

City

Alexandria

State

VA

Zip Code

22310-2710

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Questex Media

Occupation

IT

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

25.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2014

Transaction ID : VNJ19C68154

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3025.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Friends of Mark Sickles**

Full Name (Last, First, Middle Initial)

**Carson Evans**

Mailing Address 6209 Edison Dr

City

Alexandria

State

VA

Zip Code

22310-2710

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Questex Media

Occupation

IT

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

525.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		09		2014

Transaction ID : VNJ19CCSGT6

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**Steven Fisher**Mailing Address 1656 Beekman PI NW  
Apt D

City

Washington

State

DC

Zip Code

20009-6500

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self employed

Occupation

government relations consultant

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		02		2014

Transaction ID : VNJ19C683B5

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**Ed Graber**

Mailing Address 10102 Lawyers Rd

City

Vienna

State

VA

Zip Code

22181-2940

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Government Relations Consultant

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		16		2014

Transaction ID : VNJ19CCSEZ0

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 14 OF 40

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Friends of Mark Sickles**

Full Name (Last, First, Middle Initial)

**Craig Grimm**

Mailing Address 413 Kerwin Rd

City

Silver Spring

State

MD

Zip Code

20901-1751

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ISPI

Occupation

IT Manager

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
02		10		2014

Transaction ID : VNJ19C9H9P2

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**Emin Halac**

Mailing Address 613 Echols St SE

City

Vienna

State

VA

Zip Code

22180-4830

FEC ID number of contributing  
federal political committee.

C

Name of Employer

USA Marble and Granite

Occupation

Not employed

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		05		2014

Transaction ID : VNJ19CDB4S4

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

**Franklin P Hall**

Mailing Address 5104 Riverside Dr

City

Richmond

State

VA

Zip Code

23225-3002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hall &amp; Hall PLC

Occupation

Attorney

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
02		22		2014

Transaction ID : VNJ19C9PDV9

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

2000.00

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 40

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Friends of Mark Sickles**

**A.** Full Name (Last, First, Middle Initial)  
**John Hawes**

Mailing Address 4700 Medford Dr

City Annandale State VA Zip Code 22003-5443

FEC ID number of contributing federal political committee. **C**

Name of Employer FCPS Occupation teacher

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		04		2014

Transaction ID : VNJ19CDB4W7

Amount of Each Receipt this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Maureen Healey**

Mailing Address 6778 Edge Cliff Dr

City Alexandria State VA Zip Code 22315-2603

FEC ID number of contributing federal political committee. **C**

Name of Employer ACCCE Occupation Lobbyist

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		09		2014

Transaction ID : VNJ19CCSJ96

Amount of Each Receipt this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
**Roy Heddlestone**

Mailing Address 4329 Wensley Ct

City Woodbridge State VA Zip Code 22192-5546

FEC ID number of contributing federal political committee. **C**

Name of Employer Not employed Occupation Not employed

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		10		2014

Transaction ID : VNJ19CDDMG4

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1750.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 16 OF 40

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Friends of Mark Sickles**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Travis Hollenbeck</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>02</td> <td></td> <td>22</td> <td></td> <td>2014</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y	02		22		2014
M M M	/	D D D	/	Y Y Y Y Y									
02		22		2014									
Mailing Address 4201 Cathedral Ave NW Apt 118E		<b>Transaction ID : VNJ19C9PE49</b>											
City Washington State DC Zip Code 20016-4970	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5">200.00</td> </tr> </table>			200.00									
200.00													
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5">200.00</td> </tr> </table>			200.00									
200.00													
Name of Employer Blackboard.com Occupation Computer Analyst	Election Cycle-to-Date <table border="1"> <tr> <td colspan="5">200.00</td> </tr> </table>			200.00									
200.00													
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td colspan="5">200.00</td> </tr> </table>			200.00									
200.00													
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Travis Hollenbeck</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>09</td> <td></td> <td>2014</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y	03		09		2014
M M M	/	D D D	/	Y Y Y Y Y									
03		09		2014									
Mailing Address 4201 Cathedral Ave NW Apt 118E		<b>Transaction ID : VNJ19CCSJ88</b>											
City Washington State DC Zip Code 20016-4970	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5">100.00</td> </tr> </table>			100.00									
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FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5">100.00</td> </tr> </table>			100.00									
100.00													
Name of Employer Blackboard.com Occupation Computer Analyst	Election Cycle-to-Date <table border="1"> <tr> <td colspan="5">300.00</td> </tr> </table>			300.00									
300.00													
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td colspan="5">300.00</td> </tr> </table>			300.00									
300.00													
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Richard Horan</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>01</td> <td></td> <td>30</td> <td></td> <td>2014</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y	01		30		2014
M M M	/	D D D	/	Y Y Y Y Y									
01		30		2014									
Mailing Address 1211 Suffield Dr		<b>Transaction ID : VNJ19C682B4</b>											
City Mc Lean State VA Zip Code 22101	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5">250.00</td> </tr> </table>			250.00									
250.00													
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5">250.00</td> </tr> </table>			250.00									
250.00													
Name of Employer Hogan Lovells Occupation Attorney	Election Cycle-to-Date <table border="1"> <tr> <td colspan="5">250.00</td> </tr> </table>			250.00									
250.00													
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td colspan="5">250.00</td> </tr> </table>			250.00									
250.00													
<b>SUBTOTAL</b> of Receipts This Page (optional).....		<table border="1"> <tr> <td colspan="5">550.00</td> </tr> </table>		550.00									
550.00													
<b>TOTAL</b> This Period (last page this line number only).....		<table border="1"> <tr> <td colspan="5"></td> </tr> </table>											

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Friends of Mark Sickles**

Full Name (Last, First, Middle Initial)

**Hammond Johnson**

Mailing Address 2008 Cherry Hill Ln

City

Charleston

State

SC

Zip Code

29405-9319

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Marinex ConstructionOccupation  
President

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
02		28		2014

Transaction ID : VNJ19CDBNZ8

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

**David Johnston**

Mailing Address 7406 Seneca Ridge Dr

City

McLean

State

VA

Zip Code

22102-2937

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EIFS Industry Members AssociationOccupation  
President

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
02		22		2014

Transaction ID : VNJ19C9PE64

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**Dana Kauffman**

Mailing Address 4520 Lantern Pl

City

Alexandria

State

VA

Zip Code

22306

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Commonwealth of VAOccupation  
Govt Affairs

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		01		2014

Transaction ID : VNJ19CB3KG1

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3100.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 18 OF 40

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Friends of Mark Sickles**

Full Name (Last, First, Middle Initial)

**Carol Koelemay**

Mailing Address 6822 Jerome St

City

Springfield

State

VA

Zip Code

22150-2012

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Gallery of ArtOccupation  
Office Manager

Receipt For: 2014

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		01		2014

Transaction ID : VNJ19CDBH53

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**J. Douglas Koelemay**

Mailing Address 6822 Jerome St

City

Springfield

State

VA

Zip Code

22150-2012

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Science Applications International CorOccupation  
Corporate Vice President

Receipt For: 2014

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		03		2014

Transaction ID : VNJ19CCSCY9

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**Joseph P. Lockhart**

Mailing Address 2122 Bancroft PI NW

City

Washington

State

DC

Zip Code

20008-4020

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Glover Park GroupOccupation  
Consultant

Receipt For: 2014

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		10		2014

Transaction ID : VNJ19CCSED0

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

1750.00

TOTAL This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 19 OF 40

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Friends of Mark Sickles**

Full Name (Last, First, Middle Initial)

**Molly Lynch**

Mailing Address 5909 River Dr

City  
LortonState  
VAZip Code  
22079-4128FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UnityOccupation  
Minister

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
02		05		2014

Transaction ID : VNJ19C68146

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

**Frank Mayernick**

Mailing Address 4616 Grove Park Dr

City  
TallahasseeState  
FLZip Code  
32311-3733FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Mayernick GroupOccupation  
government consultant

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
02		10		2014

Transaction ID : VNJ19CCSD05

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**Helen Milby**

Mailing Address 1255 C St SE

City  
WashingtonState  
DCZip Code  
20003-2202FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HM&COOccupation  
Fundraiser

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
02		12		2014

Transaction ID : VNJ19C9H9T3

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3850.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 20 OF 40

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Friends of Mark Sickles**

**A.** Full Name (Last, First, Middle Initial)  
**Tracey Morris**

Mailing Address 2206 Windsor Rd

City State Zip Code  
Alexandria VA 22307-1018

FEC ID number of contributing federal political committee. **C**

Name of Employer self Occupation  
home maker

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt

M M / D D / Y Y Y Y  
02 11 2014

Transaction ID : VNJ19C9H9S5

Amount of Each Receipt this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Tom Munteer**

Mailing Address 1724 Corcoran St NW

City State Zip Code  
Washington DC 20009-2469

FEC ID number of contributing federal political committee. **C**

Name of Employer Paul Hastings Occupation  
Attorney

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt

M M / D D / Y Y Y Y  
02 14 2014

Transaction ID : VNJ19C9HA50

Amount of Each Receipt this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
**Roy Page**

Mailing Address PO Box 970

City State Zip Code  
Newington VA 22122-0970

FEC ID number of contributing federal political committee. **C**

Name of Employer Advanced Auto Tech Occupation  
owner

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt

M M / D D / Y Y Y Y  
02 22 2014

Transaction ID : VNJ19C9PEH1

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2500.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 21 OF 40

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Friends of Mark Sickles**

**A.** Full Name (Last, First, Middle Initial)  
**Everett P. Paup**

Mailing Address 900 University St  
Apt 1802

City State Zip Code  
Seattle WA 98101-3730

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
none Retired

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt

M M	D D	Y Y Y Y
02	22	2014

Transaction ID : VNJ19C9PEB4

Amount of Each Receipt this Period

2600.00

**B.** Full Name (Last, First, Middle Initial)  
**Kelsey Phipps**

Mailing Address 7502 Manigold Ct

City State Zip Code  
Alexandria VA 22315-3838

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
DC Superior Court Legal Professional

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt

M M	D D	Y Y Y Y
03	05	2014

Transaction ID : VNJ19CDB4X5

Amount of Each Receipt this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
**Linda T. Puller**

Mailing Address 1805 Windmill Ln

City State Zip Code  
Alexandria VA 22307-1946

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Virginia State Senate State Senator

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt

M M	D D	Y Y Y Y
03	09	2014

Transaction ID : VNJ19CCSG27

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

4100.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 22 OF 40

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Friends of Mark Sickles**

Full Name (Last, First, Middle Initial)

**Atif Qarni**

Mailing Address 7698 Well St

City

Manassas

State

VA

Zip Code

20111-1904

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PWCSOccupation  
Teacher

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		22		2014

Transaction ID : VNJ19CAQKS7

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**Ann Rackas Pate**

Mailing Address 5931 Peverill Dr

City

Alexandria

State

VA

Zip Code

22310-2045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rackas Pate LawOccupation  
Attorney

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		16		2014

Transaction ID : VNJ19CDBN52

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**Kathleen Riley**

Mailing Address 4321 Upland Dr

City

Alexandria

State

VA

Zip Code

22310-1329

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
noneOccupation  
retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2014

Transaction ID : VNJ19C9PHN9

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3000.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 23 OF 40

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Friends of Mark Sickles**

Full Name (Last, First, Middle Initial)

**Walter Schlapkohl**

Mailing Address 3916 Forest Grove Dr

City

Annandale

State

VA

Zip Code

22003-1960

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Greenblum &amp; Bernstein, PLC

Occupation

Attorney

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
02		16		2014

Transaction ID : VNJ19C9HAA0

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**Jim Severt**

Mailing Address 3110 Dumbarton St NW

City

Washington

State

DC

Zip Code

20007-3308

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Attorney

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

0.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
02		27		2014

Transaction ID : VNJ19CB3K88

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**Grant Wayne Smith**

Mailing Address 3412 P St NW

City

Washington

State

DC

Zip Code

20007-2705

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Potomac Group

Occupation

President

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
02		01		2014

Transaction ID : VNJ19C68381

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1750.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 24 OF 40

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Friends of Mark Sickles**

Full Name (Last, First, Middle Initial)

**Meade Thayer**

Mailing Address 5307 49th Ave SW

City  
 Seattle

State  
 WA

Zip Code  
 98136-1014

FEC ID number of contributing  
 federal political committee.

C

Name of Employer  
 Northwest Assoc. of Independent School

Occupation  
 Educational Administration

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 02 / 13 / 2014

Transaction ID : VNJ19C9H9X7

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**Dan Vukelich**

Mailing Address 429 R St NW

City  
 Washington

State  
 DC

Zip Code  
 20001-1962

FEC ID number of contributing  
 federal political committee.

C

Name of Employer  
 Association Of Medical Device Reproces

Occupation  
 President

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 02 / 22 / 2014

Transaction ID : VNJ19C9PEF5

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**Dan Vukelich**

Mailing Address 429 R St NW

City  
 Washington

State  
 DC

Zip Code  
 20001-1962

FEC ID number of contributing  
 federal political committee.

C

Name of Employer  
 Association Of Medical Device Reproces

Occupation  
 President

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

750.00

Date of Receipt

M M / D D / Y Y Y Y  
 03 / 09 / 2014

Transaction ID : VNJ19CCSHC9

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1000.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 40  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)  
**Friends of Mark Sickles**

Full Name (Last, First, Middle Initial) <b>A. Ann Warner Avila</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 17 / 2014
Mailing Address 2207 Minor St		Transaction ID : VNJ19C9HAB8
City Alexandria	State VA	
Zip Code 22302-3118		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer Ann Warner LLC	Occupation Managing Partner	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>B. Susan Warner</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 10 / 2014
Mailing Address 6229 Edison Dr		Transaction ID : VNJ19CCSEP1
City Alexandria	State VA	
Zip Code 22310-2710		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer US Congress	Occupation District Director	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>C. Susan Warner</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2014
Mailing Address 6229 Edison Dr		Transaction ID : VNJ19CCSH87
City Alexandria	State VA	
Zip Code 22310-2710		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer US Congress	Occupation District Director	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1000.00
<b>TOTAL</b> This Period (last page this line number only).....	

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Friends of Mark Sickles**

**A.** Full Name (Last, First, Middle Initial)  
**Richard Weeks**

Mailing Address 132 Lees Hill Rd

City State Zip Code  
 Basking Ridge NJ 07920-5513

FEC ID number of contributing federal political committee. **C**

Name of Employer  
 weeks marine inc

Occupation  
 executive

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 2600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		11		2014

Transaction ID : VNJ19C9H9V1

Amount of Each Receipt this Period

2600.00
---------

**B.** Full Name (Last, First, Middle Initial)  
**Edmund Welch**

Mailing Address 12501 Cassandra Ct

City State Zip Code  
 Woodbridge VA 22192-3313

FEC ID number of contributing federal political committee. **C**

Name of Employer  
 Passenger Vessel Association

Occupation  
 Attorney

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		01		2014

Transaction ID : VNJ19CDBNV6

Amount of Each Receipt this Period

1000.00
---------

**C.** Full Name (Last, First, Middle Initial)  
**Mahmut Yeter**

Mailing Address 2975 Hunters Branch Rd  
 Unit 358

City State Zip Code  
 Fairfax VA 22031-6065

FEC ID number of contributing federal political committee. **C**

Name of Employer  
 Executive Director

Occupation  
 TACTIC DC

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		31		2014

Transaction ID : VNJ19C682V9

Amount of Each Receipt this Period

250.00
--------

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3850.00
51975.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER:  
 (check only one)

PAGE 27 OF 40

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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 NAME OF COMMITTEE (In Full)  
**Friends of Mark Sickles**

 Full Name (Last, First, Middle Initial)  
**A. Andria McClellan for Senate**

Mailing Address 531 Warren Cres

City	State	Zip Code
Norfolk	VA	23507-2128

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		21		2014

Transaction ID : VNJ19C9PDG3

Amount of Each Receipt this Period

500.00

 Full Name (Last, First, Middle Initial)  
**B. Friends of Jeff McKay**

Mailing Address PO Box 10066

City	State	Zip Code
Alexandria	VA	22310-0066

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		09		2014

Transaction ID : VNJ19CCSM18

Amount of Each Receipt this Period

100.00

 Full Name (Last, First, Middle Initial)  
**C. Maersk Inc Good Government Fund**
Mailing Address 1530 Wilson Blvd  
Ste 650

City	State	Zip Code
Arlington	VA	22209-2419

FEC ID number of contributing federal political committee.

C C00217471

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

0.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		09		2014

Transaction ID : VNJ19CCSC93

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1100.00

1100.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 28 OF 40

☐ 11a ☐ 11b ☐ 11c ☒ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Friends of Mark Sickles**

Full Name (Last, First, Middle Initial)

**Mark Sickles**

Mailing Address 5989 Grand Pavilion Way

City State Zip Code  
Alexandria VA 22303-2259

FEC ID number of contributing  
federal political committee.

**C** H4VA08190

Name of Employer  
Weeks Marine

Occupation  
government relations

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
01 24 2014

Transaction ID : VNJ19CFMSV0

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2500.00

2500.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 29 OF 40

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Friends of Mark Sickles**

Full Name (Last, First, Middle Initial)

**A. ActBlue Technical Services**

Mailing Address PO Box 382110

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		02		2014

City	State	Zip Code
Cambridge	MA	02238-2110

Purpose of Disbursement  
credit card fees

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Amount of Each Disbursement this Period

248.15
--------

Transaction ID : VNH219RHPF2

**B. ActBlue Technical Services**

Mailing Address PO Box 382110

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		17		2014

City	State	Zip Code
Cambridge	MA	02238-2110

Purpose of Disbursement  
credit card fees

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Amount of Each Disbursement this Period

305.28
--------

Transaction ID : VNH219RHPH7

**C. ActBlue Technical Services**

Mailing Address PO Box 382110

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		23		2014

City	State	Zip Code
Cambridge	MA	02238-2110

Purpose of Disbursement  
credit card fees

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Amount of Each Disbursement this Period

49.38
-------

Transaction ID : VNH219RHPJ5

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

602.81

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 30 OF 40

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Friends of Mark Sickles**

Full Name (Last, First, Middle Initial)

**A. ActBlue Technical Services**

Mailing Address PO Box 382110

City	State	Zip Code
Cambridge	MA	02238-2110

Purpose of Disbursement  
credit card fees

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		24		2014

Amount of Each Disbursement this Period

315.45
--------

Transaction ID : VNH219RHPG0

**B. ActBlue Technical Services**

Mailing Address PO Box 382110

City	State	Zip Code
Cambridge	MA	02238-2110

Purpose of Disbursement  
credit card fees

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		02		2014

Amount of Each Disbursement this Period

108.66
--------

Transaction ID : VNH219RHPK3

**C. ActBlue Technical Services**

Mailing Address PO Box 382110

City	State	Zip Code
Cambridge	MA	02238-2110

Purpose of Disbursement  
credit card fees

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		09		2014

Amount of Each Disbursement this Period

247.87
--------

Transaction ID : VNH219RHPM1

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

671.98

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 31 OF 40

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Mark Sickles

Full Name (Last, First, Middle Initial)

**A. ActBlue Technical Services**

Mailing Address PO Box 382110

City	State	Zip Code
Cambridge	MA	02238-2110

Purpose of Disbursement  
credit card fees

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		16		2014

Amount of Each Disbursement this Period

4727.23
---------

Transaction ID : VNH219RREY0

**B. Andy Bilyk**

Mailing Address 10309 River Rapids Run

City	State	Zip Code
Fort Wayne	IN	46845-8949

Purpose of Disbursement  
consulting

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		28		2014

Amount of Each Disbursement this Period

4500.00
---------

Transaction ID : VNH219RSQM9

**c. D & P Printing & Graphics Inc**

Mailing Address 6641-I General Washington Drive

City	State	Zip Code
Alexandria	VA	22312

Purpose of Disbursement  
Remit envelopes

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		16		2014

Amount of Each Disbursement this Period

203.52
--------

Transaction ID : VNH219RGWZ2

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4727.23

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 32 OF 40

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Mark Sickles

Full Name (Last, First, Middle Initial)

**A. Democratic Party of Virginia**

Mailing Address 1710 E Franklin St

City	State	Zip Code
Richmond	VA	23223-7025

Purpose of Disbursement  
VAN Access

006

Category/  
Type

Candidate Name

Democratic Party of Virginia

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		04		2014

Amount of Each Disbursement this Period

6106.00
---------

Transaction ID : VNH219RGWW9

**B. FrederickPolls**Mailing Address 2101 Wilson Blvd  
Ste 104

City	State	Zip Code
Arlington	VA	22201-3062

Purpose of Disbursement  
PollCategory/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		13		2014

Amount of Each Disbursement this Period

8500.00
---------

Transaction ID : VNH219RHH61

**c. James Heo**

Mailing Address 3260 Ryan Dr

City	State	Zip Code
Escondido	CA	92025-7812

Purpose of Disbursement  
reimbursementCategory/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		14		2014

Amount of Each Disbursement this Period

238.75
--------

Transaction ID : VNH219RKKM0

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

14844.75

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB  
.

Form/Schedule: SB17

Transaction ID : VNH219RKKM0

Vendor: Office Depot #3309 Address: 6211 N Kings Hwy Date of Purchase: March 14, 2014 Amount: \$140.75  
purpose: paper, envelopes Vendor: Jefferson Manor Post Office Address: 5834C N Kings Hwy, Alexadria, VA  
22303 Date of Purchase: March 14, 2014 Amount: \$98 purpose: stamps

Form/Schedule:

Transaction ID:

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 34 OF 40

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Mark Sickles

Full Name (Last, First, Middle Initial)

**A. Impact Politics LLC**

Mailing Address 16740 Waters Edge Dr

City	State	Zip Code
Weston	FL	33326-1515

Purpose of Disbursement  
Website

004

Category/  
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		03		2014

Amount of Each Disbursement this Period

4500.00

Transaction ID : VNH219RGWV1

**B. Impact Politics LLC**

Mailing Address 16740 Waters Edge Dr

City	State	Zip Code
Weston	FL	33326-1515

Purpose of Disbursement  
website, landing pageCategory/  
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		24		2014

Amount of Each Disbursement this Period

4462.00

Transaction ID : VNH219RQXG3

**c. Mammen Group Inc**Mailing Address 1901 L St NW  
Ste 650

City	State	Zip Code
Washington	DC	20036-3507

Purpose of Disbursement  
Lit PieceCategory/  
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		13		2014

Amount of Each Disbursement this Period

2265.00

Transaction ID : VNH219RHGZ5

**SUBTOTAL** of Disbursements This Page (optional).....

11227.00

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 35 OF 40

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Friends of Mark Sickles**

Full Name (Last, First, Middle Initial)

**A. Steven Meyers**Mailing Address 1200 S Arlington Ridge Rd  
Apt 407City State Zip Code  
Arlington VA 22202-1946Purpose of Disbursement  
consulting

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		23		2014

Amount of Each Disbursement this Period

2000.00
---------

Transaction ID : VNH219RGWT3

**B. Steven Meyers**Mailing Address 1200 S Arlington Ridge Rd  
Apt 407City State Zip Code  
Arlington VA 22202-1946Purpose of Disbursement  
reimbursementCategory/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		14		2014

Amount of Each Disbursement this Period

146.72
--------

Transaction ID : VNH219RKKA3

vendor info

**c. Steven Meyers**Mailing Address 1200 S Arlington Ridge Rd  
Apt 407City State Zip Code  
Arlington VA 22202-1946Purpose of Disbursement  
consulting

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		21		2014

Amount of Each Disbursement this Period

2500.00
---------

Transaction ID : VNH219RPFD1

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4646.72

: 97 `A-G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFH`G7 <98I @G `CF`+H9A-N5HCB  
.

Form/Schedule: SB17

Transaction ID : VNH219RKKA3

Vendor: Ballyshaners, Inc Address: P. O. Box 320722, Alexandria, VA 22320-4722 Date of Purchase: February 17, 2014 Amount: \$25 purpose: parade entry fee Vendor: Office Depot Address: 6211 N Kings Hwy, Alexandria, VA 22303 Date of Purchase: March 1, 2014 Amount: \$25.02 purpose: printing stickers Vendor: The UPS Store - #6199 Address: 1405 S Fern St, Arlington, VA 22202 Date of Purchase: February 10, 2014 Amount: \$22.08 purpose: printing petition forms Vendor: Staples Address: 6731 Frontier Drive, Springfield, VA 22150 Date of Purchase: February 26, 2014 Amount: \$74.62 purpose: stickers purchase

Form/Schedule:

Transaction ID:

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Friends of Mark Sickles**

Full Name (Last, First, Middle Initial)

**A. NGP VAN Inc**Mailing Address 1101 15th St NW  
Ste 500

City Washington State DC Zip Code 20005-5006

Purpose of Disbursement  
NGP Access

006

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
02	18	2014

Amount of Each Disbursement this Period

2700.00
---------

Transaction ID : VNH219RGX26

**B. The Blue Deal LLC**

Mailing Address PO Box 50

City Annandale State VA Zip Code 22003-0050

Purpose of Disbursement  
Bumper Stickers

006

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
02	16	2014

Amount of Each Disbursement this Period

328.05
--------

Transaction ID : VNH219RGX00

**c. Virginia State Board of Elections**

Mailing Address 1100 Bank St

City Richmond State VA Zip Code 23219-3639

Purpose of Disbursement  
Primary Filing Fee

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
03	07	2014

Amount of Each Disbursement this Period

3480.00
---------

Transaction ID : VNH219RGWX6

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

6508.05

43228.54

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 38 OF 40

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Friends of Mark Sickles**

Full Name (Last, First, Middle Initial)

**A. Kelly J Albers**

Mailing Address 1135 Quick Rabbit Loop

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		14		2014

City	State	Zip Code
Charleston	SC	29414-9103

Purpose of Disbursement  
refund partial donation

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Amount of Each Disbursement this Period

2000.00
---------

Transaction ID : VNH219RRZV2

**B. Hammond Johnson**

Mailing Address 2008 Cherry Hill Ln

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		14		2014

City	State	Zip Code
Charleston	SC	29405-9319

Purpose of Disbursement  
partial refund of contribution

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Amount of Each Disbursement this Period

2000.00
---------

Transaction ID : VNH219RRZW0

**c. Jim Severt**

Mailing Address 3110 Dumbarton St NW

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		14		2014

City	State	Zip Code
Washington	DC	20007-3308

Purpose of Disbursement  
refund of money contributed

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Amount of Each Disbursement this Period

250.00
--------

Transaction ID : VNH219RRZX8

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4250.00

4250.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 39 OF 40

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input checked="" type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Mark Sickles

Full Name (Last, First, Middle Initial)

**A. Maersk Inc Good Government Fund**Mailing Address 1530 Wilson Blvd  
Ste 650

City Arlington State VA Zip Code 22209-2419

Purpose of Disbursement  
refund of contribution

010

Category/  
Type

Candidate Name

Maersk Inc Good Government Fund

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
03	13	2014

Amount of Each Disbursement this Period

\$	500.00
----	--------

Transaction ID : VNH219RHNP4

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y

Amount of Each Disbursement this Period

\$	
----	--

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y

Amount of Each Disbursement this Period

\$	
----	--

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

500.00

500.00

: 97 `A=G79 @C B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB  
.

Form/Schedule: SB20C

Transaction ID : VNH219RHNP4

returning contribution to contributor because ended candidacy for the seat

Form/Schedule:

Transaction ID: